PTO/SB/17 (10-08)
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Under the Pape	respond to a collection of information unless it displays a valid OMB control number							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009				Complete if Known Application Number 10/578,516-Conf. #5146				
				····				
						March 12, 2007		
						Kazuya KOYAMA		
						R. A. Clemente		
Applicant claims small entity status. See 37 CFR 1.27				Altoni		797		
TOTAL AMOUNT OF PAYMENT (\$) 310.00			10	Attorney Docket	0425-1259PUS1			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
X Charge any additional fee(s) or underpayments of X Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	P	ILING FEES		ARCH FEES	EXAMIN	ATION FEES		
Application Typ	e Fee (Small Entity \$) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees !	Paid (\$)
Utility	.33(540	270	220	110		
Design	220		100	50	140	70		
Plant	220		330	165	170	85		
Reissue	330		540	270	650	325	***************************************	
Provisional	220		0	0	0.00	0		
		110		Ü	,			Small Entity
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)								
Each claim over 2				52	26			
Each independent				220	110			
								195
Total Claims	Extra Clain	s Fee (\$)	F	ee Paid (\$)	Me	ıltiple Depende	nt Claims	<u>,</u>
18 -2	0 or HP	X :	2		Fee	· (\$) <u>F</u>	ee Paid (ž)
HP = highest numbe	r of total claims paid for	or, if greater than 20.						
Indep. Claims	Extra Clain	ns Fee (\$)	F	ee Paid (\$)				
3 -3	or HP =	x	œ					
HP = highest numbe	r of independent claim	s paid for, if greater t	han 3.					
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
					for small en	tity) for each ad	lditional 5	0
	tion thereof. See					e	Fan	Daid (6)
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00								
Other (e.g., late thing surcharge): 1806 Submission of an Information Disclosure Statement 180.00								
SUBMITTED BY (1) /) A								
17	9///// /	~ ^		Registration No.	29,271	Telephone	(703) 20	5-8000
Signature		<u> </u>		(Attorney/Agent)	20,213			
Name (Print/Type) (Charles Gorenst	eiñ }				Date - L	1 I O L	UIU

